

ADVANCE REGISTRATION FORM

TMS



JUNE 25-27, 2008 • 50th ELECTRONIC MATERIALS CONFERENCE • University of California • Santa Barbara, California

WEB	Register in advance online. www.tms.org/EMC.html <i>Online registration requires credit card payment.</i>	FAX	Fax this form to TMS Meeting Services. (724) 776-3770 <i>Fax registration requires credit card payment.</i>	MAIL	Return this form with payment to TMS Meeting Services 184 Thorn Hill Road Warrendale, PA 15086-7514 USA
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Advance Registration Deadline: June 6, 2008 Payment must accompany form. Forms received after June 6 will be processed at a higher fee.

Please print or type:

Dr. Prof. Ms. Mr. Mrs.

_____ (last) _____ (first name) _____ (middle initial)

Employer _____

Title _____

This address is Business Home New Address Address Correction

Address _____

_____ (city) _____ (state/province) _____ (zip/postal code) _____ (country)

Telephone _____ Fax _____
(country) (area/city) (local number) (country) (area/city) (local number)

E-mail Address _____ Guest/Spouse Name _____

Guests do not receive admission to technical sessions or Thursday dinner.

Please check the appropriate category and enter the totals where indicated.

Registration Fees

Fees Through June 6, 2008 Fees After June 6, 2008

<input type="checkbox"/> Full Conference.....\$445\$545
<input type="checkbox"/> One Day Day Attending: _____\$395\$495
<input type="checkbox"/> Student (Copy of student school identification card must accompany form.).....\$195\$295

Social Function Tickets (Thursday dinner event included in full conference and student registration fees.)

One Day Attendee or Guest Number: _____ @ \$60/ea. = _____
 Child (12 years and younger)..... Number: _____ @ \$25/ea. = _____

Totals

TOTAL FEES PAID \$ _____

REFUND POLICY: Written requests must arrive at TMS no later than June 6, 2008. No refunds will be issued after June 6, 2008. A \$75 processing fee is charged for all cancellations.

Payment Method

Check payable to TMS
Payment should be made in U.S. dollars drawn on a U.S. bank.
 VISA MasterCard Diners Club American Express

Card No. _____ Exp. _____

Cardholder Name _____

Cardholder Signature _____

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